



Dating Violence and its Relationship with Attachment, Mentalisation, Emotion Regulation, Anxiety and Depression among Chilean University Students

Violencia en el noviazgo y su relación con el apego, la mentalización, la regulación emocional, la ansiedad y la depresión en estudiantes universitarios chilenos

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ABSTRACT

BACKGROUND: Dating violence (DV) represents a specific form of intimate partner violence that is particularly prevalent among university students, a population considered especially vulnerable to relational risk. **Objective:** This study aimed to determine the prevalence of DV (including both victimisation and perpetration) among university students (cyberbullying, control, emotional, physical and sexual) and to analyse its association with attachment, mentalisation, emotion regulation, anxiety and depression in DV experienced as victims or perpetrators. **Method:** A total sample of 724 Chilean university students (67.5% female, 30.2% male, and 2.2% nonbinary) completed an assessment protocol comprising validated psychological measures. **Results:** The results indicated that 70.9% of participants had been victims at least one form of DV (71.2% women, 70.8% men and 62.5% nonbinary), and 70.3% had perpetrated some type of violence against a partner (72% women, 68.9% men and 37.5% nonbinary). From a victimisation perspective, the most relevant associated variables were attachment avoidance, attachment anxiety, and depressive symptoms. By contrast, perpetration was primarily associated with attachment anxiety, mentalisation difficulties, particularly uncertainty about mental states, and depression. **CONCLUSIONS:** DV (victimization and aggression) is highly prevalent in the sample studied. Furthermore, a relationship has been found between victimization and aggression and the psychological variables studied. The implications of these findings for understanding DV and the contribution of psychological factors are discussed.

Keywords: dating violence, victimization, perpetration, gender, university students.

RESUMEN

ANTECEDENTES: La violencia en el noviazgo (VN) representa una forma de violencia de pareja frecuente entre los estudiantes universitarios, una población especialmente vulnerable al riesgo en las relaciones de pareja. **OBJETIVO:** Los objetivos del estudio fueron determinar la prevalencia de la VN (victimización y agresión) entre los estudiantes universitarios (ciberacoso, control, violencia emocional, física y sexual) y analizar su relación con el apego, la mentalización, la regulación emocional, la ansiedad y la depresión en la VN, tanto en la víctima como en el agresor. **MÉTODO:** Una muestra de 724 estudiantes universitarios chilenos (67,5% mujeres, 30,2% hombres y 2,2% no binarios) completó el protocolo de evaluación. **RESULTADOS:** El 70,9% de los participantes había sido víctima al menos de una forma de VN (71,2% mujeres, 70,8% hombres and 62,5% no binarios) y el 70,3% había agredido a su pareja con algún tipo de VN (72% mujeres, 68,9% hombres y 37,5% no binarios). Desde la perspectiva de la victimización, las variables asociadas más relevantes fueron el apego evitativo, el apego ansioso y los síntomas depresivos. Por el contrario, la agresión se asoció con el apego ansioso, las dificultades de mentalización, en particular la incertidumbre sobre los estados mentales, y la depresión. **CONCLUSIONES:** La VN (victimización y agresión) presenta una alta prevalencia en la muestra estudiada. Asimismo, se ha encontrado una relación entre la victimización y la agresión con las variables psicológicas estudiadas. Se discuten las implicaciones de estos resultados para la comprensión de la VN.

Palabras clave: violencia en el noviazgo, victimización, agresión, género, estudiantes universitarios.

Introduction

Dating violence (DV) constitutes a major public health and human rights concern worldwide, encompassing physical, psychological, sexual, and controlling behaviours within intimate relationships (World Health Organization, 2013; 2021). Among young people, DV represents a specific form of intimate partner violence characterised by physical, emotional, psychological, and sexual abuse, which often emerges in a bidirectional pattern, and both men and women can be perpetrators and victims. However, men typically perpetrate more severe physical aggression, whereas women tend to experience more substantial physical and psychological consequences (Rubio et al., 2017; Tarriño, et al., 2022). University students represent a particularly vulnerable population, with high prevalence rates documented across genders in Chile (Lafontaine et al., 2018). Psychological forms of violence (including cyber abuse) are especially prevalent in Latin America and Spain and are consistently associated with anxiety and depressive symptoms (Barroso et al., 2022; Tarriño-Concejero et al., 2022). Moreover, intensive use of social media contributes to heightened emotional dysregulation and an increased risk of involvement in DV, a dynamic often normalised through subtle forms of psychological control among Chilean youth (Strickland & Mosley, 2022; Valdivia et al., 2019).

Attachment theory provides a useful framework for understanding vulnerability to DVs. Early interactions with caregivers give rise to internal working models that shape interpersonal functioning throughout the lifespan (Bowlby, 1969, 1973, 1980). In adulthood, attachment is conceptualised along the dimensions of anxiety and avoidance, which influence relational expectations and emotional strategies (Brennan et al., 1998). Empirical evidence shows that secure attachment supports more adaptive emotion regulation, whereas insecure attachment is linked to persistent regulatory difficulties (Eilert & Buchheim, 2023). In particular, avoidant and unresolved attachment patterns are associated with deactivating or severely impaired regulatory strategies, respectively (Eilert & Buchheim, 2023). Such regulatory vulnerabilities become especially salient in romantic relationships, where the attachment system is frequently activated. Insecurity in attachment has been repeatedly associated with greater involvement in DV, both as perpetrators and victims, particularly among young and university populations (Velotti et al., 2018; Metts et al., 2024). By contrast, secure attachment facilitates emotional modulation and sustained mentalisation under interpersonal stress, thereby promoting constructive conflict resolution (González-Ortega et al., 2021).

Mentalisation, the capacity to interpret behaviour in terms of internal mental states, plays a central role in relational stress (Fonagy et al., 2016; Luyten et al., 2020). As a developmental product of secure attachment, mentalisation supports accurate interpretation of others' intentions, conflict management, and the regulation of emotional responses. Deficits in mentalisation increase vulnerability to DV through misinterpretation, hostile

attributions, and reactive aggression (Luyten et al., 2020). Emotional regulation processes further contribute to this dynamic. Difficulties in emotion regulation represent a significant risk factor for violence in intimate relationships (Guzmán-González et al., 2020). Emotional dysregulation has been shown to mediate the association between insecure attachment and violent behaviour, whereas mentalisation also functions as a mediator by linking attachment insecurity to poorer regulatory capacities (Pollard & Cantos, 2021; Parada-Fernández et al., 2021).

Beyond its direct effects on conflict dynamics, emotional dysregulation has been consistently linked to mental health problems such as anxiety, depression, and interpersonal instability, which are conditions that may increase vulnerability to DV in university settings. Young adulthood is a developmental period marked by identity consolidation, high academic demands, and increased relational stress, which may exacerbate difficulties in both mentalisation and emotion regulation. In this context, mental health symptoms not only emerge as consequences of DV but also function as antecedents that heighten susceptibility to maladaptive relational patterns. Previous research in Ibero-American contexts has indicated strong associations between psychological victimisation, depressive symptoms, and anxious attachment tendencies, suggesting that mental health difficulties may amplify patterns of misinterpretation, dependency, or avoidance within romantic relationships.

Taken together, the evidence highlights the importance of examining DV as a multifactorial phenomenon that includes attachment representations, mentalisation capacities, emotion regulation processes, anxiety and depression. Understanding how these mechanisms interact among Chilean university students is particularly relevant given the cultural normalisation of subtle psychological control and the growing influence of digital forms of relational communication. A comprehensive approach that integrates these psychological variables may help clarify pathways of risk and protection, inform intervention strategies tailored to young adults, and contribute to promoting healthier and more equitable relationship dynamics. Therefore, the main goals of this study were to determine the prevalence of DV (victimisation and perpetration) among university students (cyberbullying, control, emotional, physical and sexual) and to analyse its association with attachment, mentalisation, emotion regulation, anxiety and depression in DV experienced as a victim or perpetrator. The main hypotheses were that insecure attachment would be associated with both victimisation and perpetration, whereas deficits in mentalisation and emotion regulation would associate differentially to difficulties in interpreting relational cues and managing emotions during conflict. Finally, symptoms of anxiety and depression were expected to be linked to increased vulnerability to involvement in violent relational dynamics.

Methods

The protocol for this study was approved by the ethics committee of the Universidad Pública de Navarra (code PI-023/24). Informed consent was provided by all participants.

Participants

The sample for this investigation consisted of 724 university students who voluntarily completed the assessment protocol after being properly informed about the study characteristics between November 2024 and October 2025. Among the total sample population, 422 students (58.3%) belonged to Universidad de La Frontera (Chile) and 302 students (41.7%) belonged to Universidad Autónoma de Chile.

The inclusion criteria for the sample were as follows: (a) being 18 years of age or older; (b) being a student at one of the two participating universities; (c) having had at least one romantic relationship at some point in their life, regardless of its duration or current status; (d) agreeing to participate in the study after being properly informed of the study characteristics; and (e) completing the assessment protocol.

The sample was composed of 489 (67.5%) female, 219 (30.2%) male, and 16 (2.2%) nonbinary participants. The mean age of the total sample was 20.9 years ($SD = 2.6$): females ($M = 20.6$, $SD = 2.3$), males ($M = 21.5$, $SD = 3.1$), and nonbinary participants ($M = 20.7$, $SD = 2.8$). Statistically significant differences were found ($F = 8.74$, $p < .001$), with men being older than women and nonbinary participants were.

Instruments

The *Multidimensional Scale of Dating Violence Short Version* (MSDV 2.0) (García et al., 2023) was used to assess both perpetrated and experienced DVs in dating relationships. This brief version comprises two parallel 18-item subscales, one assessing victimisation and the other assessing perpetration, yielding a total of 36 items organised into five dimensions: cyberbullying, control, emotional, physical and sexual violence. Items are rated on a Likert-type frequency scale from 1(never) to 5 (usually), where a higher score indicates a greater degree of violence experienced or perpetrated. This dimensional structure is equivalent for both subscales, differing only in the role assessed. The MSDV 2.0 has exhibited adequate psychometric properties in Spanish-speaking university samples, including a stable factorial structure and satisfactory internal consistency ($\alpha = .66-.81$; $\alpha = .88$ overall), which makes it suitable for the present population. Higher scores indicate greater involvement in DV. In this study, for prevalence analyses, MSDV 2.0 frequency responses were recoded into dichotomous variables. Responses of “never” were coded as absence of violence, whereas any reported occurrence was coded as presence.

The *Experience in Close Relationships Scale–Short Form* (ECR-12) was used to assess adult attachment. It is based on the model proposed by Wei et al. (2007) and consists of 12 items organised into two subscales: Attachment Anxiety and Attachment Avoidance (six items each). Participants responded using a seven-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicate greater attachment insecurity. The Chilean validation reports adequate internal consistency for both subscales ($\alpha = .83$ for anxiety; $\alpha = .81$ for avoidance), supporting its use in the present study (Guzmán-González et al., 2020).

The *Reflective Functioning Questionnaire* (RFQ; Fonagy et al. (2016) was used to assess mentalising capacity. The scale comprises eight items rated from 1 (strongly disagree) to 7 (strongly agree), producing two indices, namely, certainty about mental states and uncertainty about mental states, reflecting hypermentalising and hypomentalising tendencies. The RFQ has shown adequate validity and reliability across multiple studies ($\alpha = .65-.77$) across the two subscales, as well as adequate construct validity (see Fonagy et al., 2016). These properties support its use as a brief, theoretically grounded measure of reflective functioning.

The *Difficulties in Emotion Regulation Scale* (DERS; Gratz & Roemer, 2004) was used to assess difficulties in emotion regulation. The DERS-E conceptualises emotion dysregulation as a multidimensional construct involving difficulties in emotional awareness, understanding, acceptance, and behavioural regulation under emotional distress. The DERS-E is a 25-item self-report measure rated on a 5-point Likert scale that is ranged from 1 (almost never) to 5 (almost always) and organised into five dimensions (Emotional Rejection, Emotional Interference, Emotional Dyscontrol, Emotional Inattention, and Emotional Confusion). The Chilean version of this scale was validated by Guzmán et al. (2014) and shows excellent internal consistency in Chilean samples ($\alpha = .71-.89$; $\alpha = .92$ total), with higher scores indicating greater difficulties in emotion regulation.

The *Patient Health Questionnaire-9* (PHQ-9; Kroenke et al., 2001) was used to assess depressive symptoms. The PHQ-9 is a nine-item self-report scale that assesses the frequency of depressive symptoms over the past two weeks. Items are rated on a Likert scale ranging from 0 (none) to 3 (almost every day), with total scores ranging from 0 to 27, where higher scores indicate greater symptom severity. It has been validated for use in Chilean adult and adolescent populations (Baader et al., 2012; Borghero et al., 2018), and Chilean validation studies have demonstrated adequate internal consistency ($\alpha \approx .78-.83$) and good screening performance, supporting its use in clinical and research settings.

The *Generalized Anxiety Disorder 7-Item Scale* (GAD-7; Spitzer et al., 2006) was used to measure anxiety symptoms over the past two weeks. The seven items are scored from 0 (never) to 3 (almost every day), yielding total scores between 0 and 21. This study used the Chilean adaptation validated for adolescents and young adults (Crockett et al., 2022), which

preserves the one-factor structure and has strong reliability ($\alpha = .86$). The established cut-off values classify anxiety as minimal, mild, moderate, or severe. The GAD-7 is recognised as an efficient and reliable screening tool.

Total and subscale scores for the instruments were calculated according to the scoring procedures described in their respective validation studies.

Procedure

This study followed a cross-sectional observational design. Participants were recruited through university-coordinated institutional dissemination efforts. These included direct invitations during general education courses, communication through academic programme coordinators and department directors, distribution of institutional emails, and announcements on official university platforms, ensuring broad visibility of the study among the student population. This recruitment procedure corresponds to a non-probabilistic convenience sampling approach.

Students who agreed to participate completed the assessment protocol in person in university classroom settings under the supervision of a trained member of the research team. Data was collected in small groups to ensure standardised administration conditions. Prior to participation, the students were informed about the objectives and procedures of the study, assured of the anonymity and confidentiality of their responses, and informed that participation was voluntary and that they could withdraw at any time without penalty. Completion of the self-report assessment protocol required approximately 20–30 minutes. Participants who presented high levels of violence were offered the opportunity to receive support from the counselling services at each participating university.

Data Analysis

The variables analysed included both categorical variables (e.g., presence/absence of dating violence) and continuous variables (e.g., attachment, mentalisation, emotion regulation, anxiety, and depression scores). Statistical analyses were selected according to the level of measurement of the variables and the objectives of the study. The analyses were conducted using available data for each variable, as the proportion of missing values was low and did not require imputation procedures. In the bivariate analysis, χ^2 or Welch's *t* test for independent samples was used, depending on the nature of the variables analysed. Effect sizes (Cohen's *d* and/or Cramer's *V*) were provided for all analyses, considering Cohen's recommendation (Cohen, J., 1988): $d = 0.20$ (small), $d = 0.50$ (medium), and $d = 0.80$ (large). With respect to multivariate analysis, binary logistic regression (forwards stepwise, conditional method) was conducted as an exploratory approach to identify the most relevant variables associated with the outcomes. Variables included in the logistic regression models were selected based on their statistical significance in the bivariate analyses. A difference of

$p < .05$ was considered significant. All the statistical analyses were performed using IBM SPSS Statistics (version 31.0) software.

Results

Rates of victimisation and perpetration

From a victimisation perspective, 70.9% of the participants had experienced any type of DV (Table 1). Specifically, the most prevalent violent behaviours experienced by the participants were control by their partners (e.g., monitoring the time of their last connection on social media, the time they arrived home, the people they talked to, and constantly asking where they were and who they were with) and emotional abuse. Comparisons by gender revealed that the only statistically significant difference was observed in the rate of sexual abuse, with a higher prevalence in women than in men. No statistically significant differences were found in the rest of the variables related to violence experienced.

Table 1. Comparisons by gender in terms of the rates of victimisation and perpetration ($N = 724$)

Variable	Total $N = 724$	Men $n = 219$	Women $n = 489$	Others $n = 16$			
	N (%)	n (%)	n (%)	n (%)	χ^2 (df)	p	V
Victimisation	513 (70.9)	155 (70.8)	348 (71.2)	10 (62.5)	0.56 (2)	.754	.028
Cyberbullying	229 (31.6)	68 (31.1)	156 (31.9)	5 (31.2)	0.05 (2)	.974	.008
Control	362 (50.0)	105 (47.9)	249 (50.9)	8 (50.0)	0.54 (2)	.765	.027
Emotional	309 (42.7)	96 (43.8)	207 (42.3)	6 (37.5)	0.32 (2)	.852	.021
Physical	82 (11.3)	26 (11.9)	54 (11.0)	2 (12.5)	0.13 (2)	.939	.013
Sexual	101 (14.0)	14 (6.4)	85 (17.4)	2 (12.5)	15.25 (2)	< .001	.145
Perpetration	509 (70.3)	151 (68.9)	352 (72.0)	6 (37.5)	9.10 (2)	.011	.112
Cyberbullying	235 (32.5)	58 (26.5)	175 (35.8)	2 (12.5)	8.95 (2)	.011	.111
Control	330 (45.6)	97 (44.3)	230 (47.0)	3 (18.8)	5.21 (2)	.074	.085
Emotional	249 (34.4)	58 (26.5)	187 (38.2)	4 (25.0)	9.91 (2)	.007	.117
Physical	50 (6.9)	16 (7.3)	33 (6.7)	1 (6.2)	0.08 (2)	.959	.011
Sexual	89 (12.3)	41 (18.7)	47 (9.6)	1 (6.2)	12.20 (2)	.002	.130

Note. All expected cell frequencies met the assumptions for the chi-square test

With regard to violence perpetration, 70.3% of the participants acknowledged having committed some form of violence against their partners during their relationship. The main violent behaviours involved controlling their partners and engaging in emotional abuse. From a gender perspective, women reported higher rates of cyberbullying and emotional abuse perpetration against men than men reported against women, and no statistically significant differences were found in controlling behaviour. Men had higher rates of sexual abuse perpetration against women.

Comparisons of psychological factors associated with victimisation and violence perpetration

The results for the psychological variables revealed statistically significant differences between the groups (Table 2). Specifically, participants who had been victims of violence scored higher on insecure attachment, uncertainty, difficulties in emotional regulation, depression, and anxiety. Similarly, participants who acknowledged having perpetrated DV also obtained higher scores on these same variables. On the other hand, both victims and aggressors reported less certainty about mental states.

Table 2. Comparisons of the variables studied in terms of victimisation and perpetration ($N = 724$)

Variable	Total $N = 724$	With victimisation $n = 513$		Without victimisation $n = 211$		d [CI95%]	With perpetration $n = 509$		Without perpetration $n = 215$		d [CI95%]
		M (SD)	M (SD)	t (df)	p		M (SD)	M (SD)	t (df)	p	
ECR_ANX	23.17 (8.14)	24.50 (7.92)	19.94 (7.76)	7.13 (398.54)	< .001	0.58 [0.41, 0.74]	24.99 (7.79)	18.87 (7.30)	10.10 (427.96)	< .001	0.80 [0.64, 0.96]
ECR_AVD	14.26 (7.67)	15.21 (7.91)	11.97 (6.51)	5.69 (471.20)	< .001	0.43 [0.27, 0.59]	14.88 (7.89)	12.81 (6.92)	3.52 (456.00)	< .001	0.27 [0.11, 0.43]
RFQ_C	0.94 (0.75)	0.87 (0.74)	1.09 (0.76)	3.60 (379.24)	< .001	-0.30 [-0.46, -0.14]	0.84 (0.71)	1.16 (0.81)	4.90 (354.54)	< .001	-0.42 [-0.58, -0.26]
RFQ_U	0.62 (0.55)	0.69 (0.58)	0.47 (0.44)	5.61 (511.76)	< .001	0.41 [0.25, 0.57]	0.71 (0.58)	0.42 (0.41)	7.44 (557.14)	< .001	0.53 [0.37, 0.69]
DERS_T	2.51 (0.75)	2.61 (0.76)	2.27 (0.67)	5.91 (439.93)	< .001	0.46 [0.30, 0.62]	2.63 (0.75)	2.25 (0.70)	6.60 (429.37)	< .001	0.52 [0.36, 0.68]
DERS_REJ	2.62 (1.14)	2.76 (1.17)	2.28 (1.01)	5.51 (450.32)	< .001	0.42 [0.26, 0.59]	2.78 (1.14)	2.25 (1.05)	6.00 (435.54)	< .001	0.47 [0.31, 0.63]
DERS_INT	3.23 (1.09)	3.32 (1.08)	3.02 (1.11)	3.26 (380.77)	.001	0.27 [0.11, 0.43]	3.36 (1.06)	2.91 (1.11)	5.06 (385.37)	< .001	0.42 [0.26, 0.58]
DERS_INA	2.38 (0.90)	2.41 (0.85)	2.29 (0.86)	1.75 (389.36)	.080	0.14 [-0.02, 0.30]	2.40 (0.84)	2.30 (0.88)	1.45 (389.71)	.149	0.12 [-0.04, 0.28]
DERS_DYS	2.10 (0.98)	2.22 (1.03)	1.82 (0.80)	5.52 (499.28)	< .001	0.41 [0.24, 0.57]	2.24 (1.03)	1.78 (0.78)	6.54 (520.68)	< .001	0.48 [0.32, 0.64]
DERS_CON	2.39 (0.90)	2.48 (0.92)	2.14 (0.81)	4.97 (441.52)	< .001	0.39 [0.22, 0.55]	2.47 (0.91)	2.19 (0.86)	3.99 (425.32)	< .001	0.32 [0.16, 0.48]
PHQ-9	12.44 (5.39)	13.17 (5.43)	10.66 (4.88)	6.08 (432.65)	< .001	0.47 [0.31, 0.64]	13.11 (5.36)	10.84 (5.15)	5.36 (417.61)	< .001	0.43 [0.27, 0.59]
GAD-7	9.63 (5.16)	10.22 (5.16)	8.18 (4.89)	5.04 (411.29)	< .001	0.40 [0.24, 0.56]	10.26 (5.11)	8.13 (4.98)	5.20 (412.40)	< .001	0.42 [0.26, 0.58]

Note. ECR_ANX = Attachment Anxiety; ECR_AVD = Attachment Avoidance; RFQ_C = Certainty About Mental States; RFQ_U = Uncertainty About Mental States; DERS_T = Total Difficulties in Emotion Regulation; DERS_REJ = Emotional Rejection; DERS_INT = Emotional Interference; DERS_INA = Emotional Inattention; DERS_DYS = Emotional Dyscontrol; DERS_CON = Emotional Confusion; PHQ-9 = Patient Health Questionnaire-9; GAD-7 = Generalised Anxiety Disorder Scale-7. Welch's t test (equal variances not assumed). Degrees of freedom are reported with two decimals as provided by SPSS.

Variables related to victimisation and perpetration

Once the differences between groups were observed, a logistic regression analysis was performed to determine the role of the different variables in the two groups: a) violence victimisation and b) violence perpetration.

The results of the logistic regression analysis revealed that attachment avoidance, attachment anxiety and depression were the variables retained in the final model related to victimisation (Table 3). This logistic regression model for victimisation explained 14.3% of the variance and correctly classified 72% of the sample. On the other hand, attachment anxiety, uncertainty and depression were the variables retained in the final model related to perpetration. This logistic regression model for perpetration explained 19.4% of the variance and correctly classified 74.5% of the participants.

Table 3. Logistic regression analyses

Dependent variable = Victimization; 0 = Absence; 1 = Presence						
Predictor	B	EE	Wald	OR	CI 95%	p
ECR_ANX	0.056	0.012	23.804	1.058	[1.034, 1.082]	< .001
ECR_AVD	0.044	0.013	11.373	1.045	[1.018, 1.071]	< .001
PHQ-9	0.057	0.018	10.182	1.058	[1.022, 1.096]	.001
Constant	-1.627	0.310	27.487	0.196	[0.107, 0.361]	< .001
Global adjustment: $\chi^2(3) = 76.269, p < .001$						
Nagelkerke's $R^2 = .143$						
Correctly classified: 72.0%						
Sensitivity: 93.5%						
Specificity: 19.9%						
Dependent variable = Perpetration; 0 = Absence; 1 = Presence						
Predictor	B	EE	Wald	OR	CI 95%	p
ECR_ANX	0.084	0.012	45.173	1.087	[1.061, 1.114]	< .001
RFQ_U	0.639	0.205	9.756	1.894	[1.269, 2.828]	.002
PHQ-9	0.037	0.018	4.076	1.037	[1.001, 1.075]	.043
Constant	-1.754	0.305	33.082	0.173	[0.095, 0.315]	< .001
Global adjustment: $\chi^2(3) = 106.003, p < .001$						
Nagelkerke's $R^2 = .194$						
Correctly classified: 74.5%						
Sensitivity: 92.5%						
Specificity: 31.8%						

Note. ECR_ANX = Attachment Anxiety; ECR_AVD = Attachment Avoidance; RFQ_U = Uncertainty About Mental States; PHQ-9 = Patient Health Questionnaire-9. Only the coefficients from the final model are reported

Discussion

The results of this study confirm that DV is highly prevalent among university students and is characterised mainly by psychological and control violence in terms of both victimisation and perpetration. These findings align with the conceptualisation of intimate partner violence as a form of public health, including psychological violence and controlling

behaviours within its operational definition (World Health Organization, 2013, 2021). Consistent with previous research, the results show substantial involvement of university populations in violent interactions, often manifesting in bidirectional forms (Lafontaine et al., 2018). Psychological expressions (e.g., control, humiliation, and emotional coercion) emerge as the most frequent and persistent forms. They are often normalised in young relationships (Rubio-Garay et al., 2017; Valdivia Peralta et al., 2019) and are highly correlated with anxious and depressive symptoms (Tarriño et al., 2022).

Although DV frequently occurs in a bidirectional manner, the results reveal relevant differences by violence type and gender, confirming that bidirectionality does not imply equivalence in risk, psychological harm, or power dynamics. Similar frequencies of violent behaviours may mask important asymmetries regarding severity, coercive control, fear induction, psychological consequences, and access to relational power. Consequently, behavioural reciprocity should not be assumed to represent equal levels of risk or harm, as the meaning and impact of violent acts may differ substantially depending on the broader interpersonal context in which they occur. Greater female victimisation and male perpetration in sexual violence are consistent with the findings of prior studies warning about asymmetries in the severity and impact of certain forms of violence, even when both partners are involved (Rubio et al., 2017; Tarriño et al., 2022). However, these differences should be interpreted with caution, particularly given the small size of the nonbinary group and the potential limitations associated with categorical analyses.

Additionally, the presence of cyberviolence reinforces the need to consider the contemporary sociotechnological context, in which intensive social media use is linked to emotional dysregulation and may intensify controlling or surveillance-based behaviours (Strickland & Mosley, 2022). In Chile specifically, the normalisation of these subtle manifestations has been described, hindering early detection (Valdivia Peralta et al., 2019).

Comparative analyses indicate that both victims and perpetrators exhibit heightened attachment insecurity, pronounced emotion regulation difficulties, altered mentalising patterns, and elevated anxiety and depressive symptoms. These results are consistent with attachment theory, which posits that anxious and avoidant attachment configurations undermine regulatory capacities, particularly under interpersonal stress (Bowlby, 1969, 1973, 1980; Brennan et al., 1998; Eilert & Buchheim, 2023). The associations between insecure attachment and DV replicate prior evidence identifying attachment insecurity as a robust vulnerability factor for both perpetration and victimisation in young relationships (Velotti et al., 2018).

From a mentalising perspective, individuals involved in DV show higher levels of uncertainty and reduced clarity regarding their own and others' mental states. This pattern is consistent with theoretical models that view mentalising as essential for regulating interpersonal behaviour and maintaining flexible, nonreactive interpretations during stress

(Fonagy et al., 2016; Luyten et al., 2020). Failures in mentalising during relational conflict may contribute to misinterpretations of partner intentions, emotional escalation, and defensive or aggressive responses. These dynamics are particularly salient among university students, for whom navigating romantic conflict is a central developmental task; in this context, attachment processes could play a pivotal role in emotional regulation and conflict management (Metts et al., 2024).

The results also revealed increased emotion regulation difficulties among individuals involved in DV, aligning with frameworks conceptualising dysregulation as a central dimension explaining impulsive behaviours, affective reactivity, and difficulties modulating negative emotions (Gratz & Roemer, 2004). These findings are consistent with research linking emotion regulation deficits to intimate partner violence (Pollard & Cantos, 2021) and with theoretical models that conceptualise mentalising and emotion regulation as mutually influential processes that shape interpersonal functioning (Parada-Fernández et al., 2021). Together, these findings support an integrated reading suggesting that attachment insecurity, mentalising failures, and emotional dysregulation may constitute a relational vulnerability profile associated with a greater probability of DV involvement.

Victimisation was primarily associated with attachment anxiety and avoidance, along with depressive symptomatology. This pattern suggests that vulnerability to violent dynamics is linked to psychological states simultaneously characterised by the fear of abandonment, avoidance of emotional closeness, and depressive affectivity. The simultaneous presence of both insecure attachment dimensions could suggest attachment system disorganisation, characterised by approach-avoidance conflict that may hinder the identification and abandonment of violent relationships. These findings align with attachment theory (Bowlby, 1969, 1973, 1980; Brennan et al., 1998) and with empirical research identifying insecure attachment as a significant risk factor for DV involvement (Velotti et al., 2018). The association of depressive symptoms is consistent with longitudinal evidence linking DV with increased depressive and anxious symptoms in university samples (Tarriño et al., 2022).

Perpetration, in contrast, was uniquely linked to attachment anxiety, heightened uncertainty in mentalising, and depressive symptomatology. This model could reveal a relational profile in which attachment system hyperactivation combines with difficulties in accurately interpreting others' mental states and generalised psychological distress. Contemporary mentalising models propose that the capacity to understand one's own and others' behaviour in terms of intentional mental states functions as a regulatory buffer that can moderate the effects of attachment activation on behavioural responses during relational conflict (Fonagy et al., 2016; Luyten et al., 2020). Identifying mentalising uncertainty as a specific associated variable of perpetration is especially relevant because it empirically connects aggressive behaviour to a cognitive-relational component operating during conflict, beyond the mere presence of affective symptoms. These findings align with recent

developments incorporating mentalising assessment in terms of certainty and uncertainty as indicators of reflective functioning (Fonagy et al., 2016) and suggest that perceived ambiguity about partner intentions may trigger coercive or aggressive responses as compensatory strategies facing relational uncertainty.

This study has several limitations that should be considered when interpreting the results. First, the cross-sectional design precludes establishing temporal directionality among the variables. Secondly, an additional limitation concerns the broad inclusion criterion allowing any lifetime romantic relationship. This may introduce unaccounted heterogeneity (e.g. duration, recency and emotional involvement) into the analyses. Future research should refine this criterion and report key relational characteristics. Third, the absence of a dyadic evaluation involving both partners constrains the understanding of relationship dynamics, given that only individual self-reports were considered. Finally, although the logistic regression models showed high sensitivity, their relatively low specificity reduces their ability to accurately classify individuals without victimisation or perpetration, suggesting that their utility is more appropriate for screening purposes than for precise classification.

In summary, the results of this study confirm that DV among university students is highly prevalent and is characterised predominantly by psychological and control violence, where bidirectionality coexists with relevant asymmetries by violence type and gender. The convergence of attachment insecurity, mentalising failures, emotional dysregulation, and psychological distress supports the use of integrative models of DV as a dynamic relational process rather than as isolated behaviours, offering a solid framework to guide prevention and intervention in university populations.

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Contributions

Author 1: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Writing (original draft). **Author 2:** Conceptualization, Formal analysis, Methodology, Supervision, Writing (original draft). **Author 3:** Conceptualization, Formal analysis, Methodology, Supervision, Writing (review & editing)

Conflict of interest

The authors declare that there are no conflicts of interest

Declaration of availability of data

Data are available from the corresponding author upon reasonable request and with justification of the intended use.

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